



Town of Stratham

INCORPORATED 1716

10 BUNKER HILL AVENUE STRATHAM NH 03885
VOICE (603) 772-7391 FAX (603) 775-0517 www.strathamnh.gov

THIRD PARTY AND/OR SPECIAL INSPECTOR REVIEW AGREEMENT

Declaration of the Property Owner/Applicant:

The Property Owner/Applicant of Building Permit #_____ - _____ for the property located at, _____, Stratham NH 03885, Tax Map _____ Lot _____ hereby agrees to pay for applicable fees for the additional services of a third party consultant and/or special inspector for the purpose of verifying building code compliance and/or the inspection of a design plan, building, or structure requiring the practice of a licensed professional.

The Property Owner hereby understands that the third party consultant and/or special inspector fee(s) will be in addition to the permit fee charged by the Town. All said fees shall be based on the third party hourly rate and will be invoiced directly by the Town of Stratham. Such invoices must be paid in full before the issuance of a Certificate of Occupancy.

Property Owner/Applicant Information (please print)

First/Last Name		Business Name
Mailing Address	City / Town	State & Zip
Business Phone #	Cell Phone #	Email Address

I certify under the penalty of perjury that I am the property owner, or the property owner's agent, authorized to enter into this fee agreement on his/her behalf. I have read the conditions concerning the Third Party Professional and/or Special Inspector Review Agreement and I understand that I will be responsible for payment of all fees and costs incurred thereunder. I further agree to advise the Building Department in writing should I no longer be associated with the above reference project/property, rendering this agreement invalid as of the date of receipt of that letter by the Building Department and upon payment of any remaining fees incurred prior to that date.

Signature	Date
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Please Note: This form must be signed and submitted to the Building Department prior to the continuance of the review and/or inspection of the project.